

BEST AVAILABLE COPY
ISSUE SLIP STAPLE AREA for additional cross references

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|--------|
| FEE DETERMINATION | Pbx | 67614 | 6/1/53 |
| O.I.P.E. CLASSIFIER | | 12 | |
| FORMALITY REVIEW | | 1d0500 | 6/2/53 |

INDEX OF CLAIMS

| | | |
|-------------------------------|---|--------------|
| Rejected | N | Non-elected |
| Allowed | I | Interference |
| (Through numeral)... Canceled | A | Appeal |
| Restricted | O | Objected |

| Claim | Date |
|------------------|---------|
| Final Original 1 | 6/14/53 |
| Original 61 | 6/14/53 |
| 1 | J |
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| Claim | Date |
|------------------|---------|
| Final Original 1 | 6/14/53 |
| Original 61 | 6/14/53 |
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| 66 | N |
| 67 | |
| 68 | |
| 69 | N |
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| 71 | |
| 72 | |
| 73 | N |
| 74 | |
| 75 | |
| 76 | |
| 77 | N |
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| 80 | |
| 81 | N |
| 82 | |
| 83 | |
| 84 | |
| 85 | V |
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| 87 | |
| 88 | |
| 89 | N |
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| 93 | N |
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| Claim | Date |
|------------------|---------|
| Final Original 1 | 6/14/53 |
| Original 61 | 6/14/53 |
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If more than 150 claims or 10 actions
staple additional sheet here

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